

National Institute for Health and Clinical Excellence

Health Technology Appraisal

Etanercept, Infliximab, and Adalimumab for the treatment of psoriatic arthritis (review)

Royal College of Nursing

Introduction

The Royal College of Nursing was invited to comment on the Appraisal Consultation Document (ACD) of the technology appraisal of etanercept, infliximab, and adalimumab for the treatment of psoriatic arthritis (review). Nurses caring for these patients reviewed this document on behalf of the RCN.

The RCN welcomes the opportunity to comment on this document and responds below to the four questions on which comments were requested:

Appraisal Consultation Document – RCN Response

The Royal College of Nursing welcomes the opportunity to review the Appraisal Consultation Document (ACD) of the technology appraisal of etanercept, infliximab, and adalimumab for the treatment of psoriatic arthritis (review). The RCN's response to the four questions on which comments were requested is set out below:

i) **Has the relevant evidence been taken into account?**

We would commend the summary of the evidence in this document. It is, however, unclear where guidance on treating skin symptoms and or joint symptoms overlap or how guidance for treating psoriasis would fit with this appraisal.

- ii) **Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence, and are the preliminary views on the resource impact and implications for the NHS appropriate?**

We do not have the expertise to comment on the full economic modelling for this appraisal. However, in the estimates of quality of life, we could not determine any mention of depression. Depression is much more prevalent in patients with psoriatic arthritis and can have a significant adverse effect on quality of life.

- iii) **Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS?**

The provisional recommendations of the Appraisal Committee seem a suitable basis for preparation of guidance to the NHS.

- iv) **Are there any equality related issues that need special consideration that are not covered in the ACD?**

At present we do not know if certain groups of patients (e.g. ethnic minority or other specific genetic patient groups) would have benefited from such a treatment.

There do not appear to be any equality issues that have been missed otherwise at this stage.